



TOWN OF FORT MILL

112 CONFEDERATE STREET

PO BOX 159

FORT MILL, SC 29716-0159

PHONE: 803-547-2034 EXT 261 FAX: 803-548-4722

APPLICATION FOR PRIVILEGE LICENSE FOR CALENDAR YEAR 2015

(MAKE SEPARATE APPLICATION FOR EACH BUSINESS
TO BE LICENSED AT EACH LOCATION)

ALL BUSINESSES ARE SUBJECT TO AUDIT AND
VERIFICATION OF GROSS RECEIPTS BY EXAMINATION OF
INCOME TAX RETURNS AND DOCUMENTS FILED WITH
STATE AND FEDERAL GOVERNMENT AGENCIES.

NAME OF APPLICANT (INDIVIDUAL OR FIRM)/MAILING ADDRESS:

NAME: _____
ADDRESS LINE 1: _____
ADDRESS LINE 2: _____
CITY/ST/ZIP: _____
PHONE: _____

FINANCIAL INFORMATION WILL REMAIN CONFIDENTIAL

DATE: _____

LOCATION: _____
BUSINESS CLASS: _____
BUSINESS DESC: _____
STATE LICENSE #: _____

ACCOUNT NO.: _____
TAX ID NUMBER: _____
OWNERSHIP TYPE: _____
PERSON RESPONSIBLE: _____

THE REQUIRED LICENSE FEE IS DUE AND PAYABLE 03/01/2015.

THIS IS APPLICATION FOR:

FOR RENEWAL, THE LICENSE FEE SHALL BE COMPUTED ON
GROSS INCOME FOR THE PRECEDING CALENDAR YEAR.

1. _____ NEW BUSINESS
2. _____ RENEWAL OF LICENSE
3. _____ CHANGE OF OWNERSHIP
4. _____ CHANGE OF LOCATION

FOR A NEW BUSINESS, THE LICENSE FEE SHALL BE COMPUTED ON
ESTIMATED PROBABLE GROSS INCOME FOR THE BALANCE OF THE
LICENSE YEAR. *MUST PROVIDE A REALISTIC ESTIMATE.*

1. _____ CORPORATION
2. _____ PARTNERSHIP
3. _____ INDIVIDUAL OWNERSHIP

PENAL TIES: FOR NON-PAYMENT OF ALL OR ANY PART OF THE
CORRECT LICENSE FEE, A 5% LATE PENALTY SHALL BE ASSESSED FOR
EACH MONTH OR PORTION THEREOF UNTIL PAID.

*LICENSE FEES UNPAID AFTER 60 DAYS ARE SUBJECT TO LEGAL ACTION

CALCULATION OF LICENSE FEE:

GROSS RECEIPTS \$ _____

FOR FEE CALCULATION PLEASE FAX 803-548-4722
OR EMAIL: LELTING@FORTMILLSC.GOV
PLEASE MAKE A COPY FOR YOUR RECORDS, AND
PROMPTLY RETURN APPLICATION WITH PAYMENT SO
LICENSE CAN BE ISSUED. IF NOT RENEWING, PLEASE
NOTIFY TO AVOID PENALTIES.

OFFICE USE ONLY:

DATE ISSUED: _____
LICENSE FEE: _____
PENALTY: _____
TOTAL: _____

CODE: _____
RESIDENT: _____

I (WE) DO HEREBY CERTIFY THAT THE AMOUNT AS TOTAL GROSS FROM MY BUSINESS OR PROFESSION AS REPORTED HEREIN IS TRUE AND CORRECT, AND THAT I AM FAMILIAR WITH THE TOWN ORDINANCE PROVIDED FOR PENALTIES AND REVOCATION OF MY LICENSE FOR MAKING FALSE OR FRAUDULENT STATEMENTS IN THIS APPLICATION. I (WE) DO HEREBY CERTIFY THAT ALL PERSONAL PROPERTY TAXES HAVE BEEN PAID WHICH ARE DUE AND PAYABLE TO THE TOWN OF FORT MILL AS OF THIS DATE IF APPLICABLE.

Signature

Title

Date